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ABSTRACT

The American Nurses' Association's "First Position on Nursing" (1965), one instance of attempted reformation in American nursing education, recommends that nursing education should take place in institutions of higher education. Failures of this suggested reform seem to relate directly to the reform's incongruence with the continued or increased power of an elite in the health-illness industry. An active manipulative/oppressive process by the elite can be posited as a major strand in the web of American nursing education and its reformation. Medicine and hospital administration can be defined as elites as can those nurses who formulated the report. Professional journal coverage shows that hospital administration exhibited no scruples about being an oppressive elite and nursing divided into militant groups of defenders of all existing forms of nursing education. As soon as nursing leaders and their constituency divided into separate strata, other unified groups (hospital administrators, physicians) were able to dominate more easily. One implication for nursing education policy is that the likelihood of successfully combatting medicine and hospital administration hinges on power parity. To achieve parity nursing should base its power in numbers or in equality of credentials. Other implications are teaching students nursing history and enlisting allies. (YLB)

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Reformation and Resistance in American Nursing Education

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ABSTRACT

Reformation and Resistance in American Nursing Education

The list of major recommendations for nursing education in the 20th century is long, but concrete. Nursing education has been studied repeatedly, and most histories of American nursing education cite a group of landmark reports and opinions (for example, Dolan, 1973; Griffin and Griffin, 1973; Kalisch and Kalisch, 1978), Nursing's response, however, to this series of recommendations to improve its educational patterns remains erratic, triggering inevitable inquiries into reasons for the profession's resistance to change.

This study examines one instance of attempted reformation in American nursing education -- the American Nurses' Association's "First Position on Nursing" (1965) -- proposing that failures of this suggested reform related directly to the reform's incongruence with the continued or increased power of an elite in the health-illness industry. Further, I posit an active manipulative/oppressive process by that elite as a major strand in the web of American nursing education and its reformation. I define medicine and hospital administration as elites and examine the possibility that those nurses who formulated this landmark report constituted an elite also.

Paulo Freire's (1972) Theories of Dialogical and Antidialogical Action guide analysis as I track two elements central to my thesis: a) the power equation between medicine, hospital administration, nurses who formulated this report, and the remainder of professional nursing and b) those group's definition of appropriate nursing education. After reviewing the salient points in ANA's position paper I examine sequentially the suggestions and responses of nursing, medicine, and hospital administration as reflected in the American Journal of Nursing, Journal of the American Medical Association, and Modern Hospital for 3 years bracketing this report. Each of these journals spans the entire time period studied and is a major professional publication representing, respectively, nursing, medicine and hospital administration. Based on the foregoing analysis, I answer the following qustions:

1. How did the pattern of response to this landmark report by nursing, medicine and hospital administraton affect dominance in the health-illness industry? and 2. What historical sustantiation exists for the allegation that an elite in nursing, medicine and hospital administration played a manipulative/oppressive role in the development of American nursing education? Finally, I explore implications for nursing education policy as they develop logically from this study.

Reformation and Resistance in American Nursing Education

The list of major recommendations for nursing education in the 20th century is long, but concrete. Nursing education has been studied repeatedly, and many histories of American nursing education cite a group of landmark reports and opinions (for example Dolan, 1973; Griffin and Griffin, 1973; Kalisch and Kalisch, 1978). Nursing's response, however, to this series of recommendations to improve its educational patterns remains erratic, triggering inevitable inquiries into reasons for the profession's resistance to change.

This study examines one instance of attempted reformation in American nursing education -- the American Nurses' Association's "First Position on Nursing" (1965) -- which has failed to be implemented as proposed. Various explanatory themes compete: recommendations were ill-timed; as a predominantly female group, nurses can be expected to vacillate, bicker or compromise an idea out of existance; any change experiences a 20-year lag time between recommendation and implementaton. While some or even all of these reasons may contribute to our understanding of the problem, I propose an alternative thesis: that the erratic pattern of suggested and implemented reforms in nursing education often relates directly to the reform's congruence with the continued or increased power of an elite in the health-illness industry; further, an elitist manipulative/oppressive process represents a major strand in the web of American nursing education and its reformation.

Definitions of manipulation and oppression may not prompt debate but <u>why</u> they occur does. Answers differ in different schools of thought. Here is where utilization of a specific theory governs the research, placing questions and answers within an explicit ideological framework. Paulo Freire's (1972) Theories of Antidialogical and Dialogical Action structure this study. Freire builds on a Marxist base as opposed to the traditional American view of history, offering a contrast with usual interpretations of nursing's history.

Marxists view economics as the bedrock of society and postulate the relationships and behavior of societies as the logical outgrowth of whatever economic system predominates. Ideology results from economics, rather than vice versa. America's system of economics is capitalism, and it is capitalism which Marxist economists and historians examine. Capitalism is more than how goods are produced for sale; capitalism sells labor as a commodity. Marxists posit a constant inherent class struggle between the class that produces surplus (labor in the capitalist system) and the class that appropriates surplus (capitalists). Each group develops a class consciousness and acts accordingly: capitalists to maintain their power as an elite which appropriates labor's surplus; labor to coalesce into a proletariate with the common goals of balancing the equation with capital and redistributing the surplus of their work more equally. Marxists frequently criticize education in capitalist systems as a tool of oppression (Bowles, 1972; Cohen & Lazerson, 1972; Eisenstein, 1979). (Of course, the contrary argument exists that education is a tool of oppression in Marxist systems; see for instance, Howick, 1980). I do not necessarily endorse a Marxist perspective; rather, I use Freire's theory as an analytical tool, asking "Does this fit? Does it explain what happened to this nursing education proposal?"

Let's look here at the basic tenets of Freire's model.

TABLE 1

THEORIES OF ANTIDIALOGICAL ACTION AND DIALOGICAL ACTION (FREIRE): BASIC TENETS

QUESTION	ANSWER	
Reason for OPPRESSION	ECONOMICS:	maintenance of superior economic position by elite which in turn causes a superior overall status and power position for elite
ELITE:	"Haves" =	capitalists; those who appropriate labor's surplus produce and gain thereby
TOOL OF oppression	ANTIDIALOGICAL ACTION by elite	
METHOD of use of tool:	1. Conquest 2. Divide and rule 3. Manipulation 4. Cultural invasion	
ANTIDOTE FOR oppression:	DIALOGICAL ACTION 1. Cooperation 2. Unity 3. Organization 4. Cultural synthesis	

Adapted from Freire, 1972.

Freire (1972) views education as a tool of manipulation/oppression in capitalist society:

> Functionally, oppression is domesticating [and] pedagogy which begins with the egoistic interests of the oppressors (an egoism cloaked in the false generosity of paternalism) and makes the oppressed the objectives of its humanitarianism, itself maintains and embodies oppression. (p.36)

He catalogues strategies of oppression in his 4-step Theory of Antidialogical Action. Step 1 deals with conquest:

> The dominant elites . . . continue . . . to conquer others . . . The content and methods of conquest vary historically; what does not vary (as long as dominant elites exist) is the necrophilic passion to oppress. (Freire, 1972, p. 39)

This conquest is antidialogical and fueled with myths which subjugate and pacify the oppressed. Step 2 focuses on the principle of divide and rule: "All action of the dominant class manifests its needs to divide in order to facilitate the preservation of the oppressor state," and the importance of the

internalized oppressor: "The oppressed are insecure in their duality as beings which `house´ the oppressor. On the one hand, they resist him; on the other hand, at a certain stage in their relationship, they are attracted by him" (Freire, 1972, p. 141). Thus, the oppressed remain divided not only from one another, they remain divided within themselves by incorporating antiliberating myths taught them by the elite.

In Step 3 Freire addresses manipulation. The elite manipulates the oppressed by thinking for them, not with them. This results in Step 4, cultural invasion:

> The invaders penetrate the context of another group, in disrepect of the latter´s potentialities; they impose their own view of the world upon those they invade and inhibit the creativity of the invaded by curbing their expression. (p. 150)

To counter manipulation/oppression Freire prescribes revolution. He describes both methods and characteristics in his Theory of Dialogical Action. This theory represents a 4-step antithesis to his Theory of Antidialogical Action.

First, Freire (1972) deals with cooperation, stressing the importance of people cooperating in their liberation, and states that "at no stage can revolutionary action forego (sic) communion with the people. Communion in turn elicits cooperation which brings leaders and people to . . . fusion" (p.171). Second, Freire focuses on unity. He states that, contrary to the divide and rule methods of antidialogical behavior, "leaders must dedicate themselves to an untiring effort for unity among the oppressed--and unity of other leaders with the oppressed (emphasis mine) in order to achieve liberation" (pp 172-173). Freire dwells on appropriate and inappropriate leadership behavior. He discusses two common situations: (a) people are aware of their oppression and can locate their oppressors; (b) people are unaware of their oppression, actually adhering to the oppressor and housing the oppressor´s myths inside themselves. In the former situation leaders and people oppose the oppressor together; in the latter, the leader opposes the oppressor for the people. This latter situation tempts leaders to employ antidialogical techniques. Freire maintains that when people use the elite´s technique, they become the oppressive elite (emphasis mine). He states firmly that "leaders who do not act dialogically, but insist on imposing their decisions, do not organize the people--they manipulate them. They do not liberate, nor are they liberated: they oppress" (Freire, 1972, p. 179).

The third step in Freire´s (1972) Theory of Dialogical Action deals with organization:

> Organization of the people presents the antagonistic opposite of . . . manipulation . . . For the dominant elites, organization means organizing themselves. For the revolutionary leaders, organization means organizing themselves with the people. (pp. 176-177)

Freire (1972) views cultural synthesis as the fourth step in the process:

> Cultural synthesis is always a systematic and deliberate form of action which operates upon the social structure, either with the objectives of preserving that or of transforming it. (p. 180)

Genuine dialogue between the leaders and the people eradicates the contradiction between their world views; neither imposes a view of reality on the other; leaders are with followers, not an elite.

In describing and cataloging oppressive and liberating behavior Freire's theory offers an explicit model with which to compare leaders and followers in nursing's educational history. The assessment can be made, in Freire's terms, whether participants in the report examined in this study are oppressors or oppressed, manipulators or manipulated; conclusions may be reached based on that assessment. Translating those conclusions into policy suggestions can flow logically from that base.

Who fits the "oppressed" and "elite" labels in Freire's model? First, who are the elite? Medicine and hospital administration fit the label with little argument. Historically these groups suggested and/or imposed their notions of appropriate education for nurses, commonly prescribing fast, cheap training that in no way competed with themselves for power in the health care system. (See J. Ashley, Hospitals, Paternalism, and the Role of the Nurse, 1976, and B. Ehrenreich and D. English, Witches, Midwives and Nurses, 1973, for support/expansion of this point.) Their views permeated nurse training, effectively installing the oppressor within many nurses as in Freire's postulations of divide and rule, manipulation and cultural invasion.

Rank-and-file nurses clearly are not perceived as an "elite," better fitting the labor force label. Nurse leaders, though, can be seen as an elite, either justly or unjustly. Having more power than average nurses, higher wages, often more impressive credentials, these leaders could constitute an elite of reformers rather than co-revolutionaries. If, in fact, leaders used elitist techniques, imposing decisions about nursing education on the profession, Freire labels them oppressors. If nurse leaders organized themselves instead of organizing themselves with nurses as a whole, this theory names them a dominant elite. If this group promoted a system of education which would divide nurses, not unify them, Freire's divide and rule postulation bears scrutiny. Finally, if nurse leaders were perceived by other nurses to be functioning as oppressors/manipulators in Freire's terms they suffered the elitist label without meriting it. To test these notions, I name nurse leaders formulating the 1965 Position Paper as an elite while the remainder of nursing is not so defined. I track two elements central to my thesis and this theory: (a) the power equation between medicine, hospital administration, nurses formulating these reports, and the remainder of professional nursing and (b) those groups' definitions of an appropriate nursing education.

Reviewing, Freire's theory forms the belief system to appraise the work in question; several specific questions within that framework track central elements of the thesis. The last choice at this point is what measurable behaviors by nursing, medicine and hospital administration to examine in connection with the ANA 1965 Position Paper. Public, intraprofessional response intrigues me: What did these people actually say and do publicly about the Position Paper? Therefore I assess response by nursing, medicine and hospital administration within 2 years of the report's publication by

perusing coverage in the American Journal of Nursing (AJN), Journal of the American Medical Association (JAMA), and Modern Hospital (MH); each of these journals covers the time period studied, was a major professional publication at the time, and speaks for nursing, medicine and hospital administration respectively. Content of AJN, JAMA, and MH varied from issue to issue 1965-67, of course, but format and focus remain essentially unchanged. The AJN spans the large domain of nursing, including attention to activities of the American Nurses' Association. JAMA maintains a clinical focus, with occasional editorializing on issues in health care; most comment in that area appears in coverage of American Medical Association conventions. Modern Hospital speaks for the American Hospital Association, the primary organization of hospital administrators.

Let's look at the work in question. The American Nurses' Association's first Position Paper on education resulted from work by the ANA's Committee on Education. The paper appears in the December 1965 issue of AJN, prefaced by a statement that work began in 1960 "when the Committee on Current and Long-Term Goals proposed that baccalaureate education be the basic education for professional nursing practice" ("ANA's First," 1965, p. 106). In 1964 the House of Delegates of the American Nurses' Association "voted that the association continue to work toward baccalaureate education as the educational foundation for professional nursing practice" ("ANA's First," 1965, p. 106). The Position Paper, then, represents the American Nurses' Association's official statement on what should constitute a nursing education.

Four assertions about nursing education emerge.

1. The education for all those who are licensed to practice nursing should take place in institutions of higher education . . .

2. Minimum preparation for beginning professional nursing practice at the present time should be baccalaurate degree education in nursing . . .

3. Minimum preparation for beginning technical nursing practice at the present time should be associate degree education in nursing . . .

4. Education for assistants in the health service occupations should be short, intensive pre-service programs in vocational education institutions rather than on-the-job training programs. ("ANA's First," 1965, pp. 106-108)

Rationale underlying these beliefs includes reiteration of Nightingale's vision of autonomous nursing schools, consumer protection from underprepared practitioners, prestige of baccalaureate degrees (particularly in recruiting students), the knowledge explosion, and changes in the population of nursing-care recipients. In conclusion, the report states:

> At issue is the place nursing chooses to occupy . . . from the far-sighted vision of scientist and seers to the backward-looking posture of the defenders of obsolescence. Our education programs appear to be preparing workers for the existing institutional structures and current practices with scant attention to alternatives emergent or envisioned. More than three fourths of the curriculums in the majority of schools

> continue to focus on the nursing of patients who are acutely ill and hospitalized, yet more than 90 percent of persons under health care are neither. (ANA's First," 1965, p. 111)

Although the Position Paper represented the American Nurses' Association's official stance, it stirred great controversy within nursing's ranks. Letters to the editor of AJN made it obvious that many nurses disagreed with the American Nurses' Association position. Alkon (1966) saw diploma education and baccalaureate education as analygous with old math and new math: The difference lay in techniques of teaching, not in substance. Alkon (1966) minced no words: "It is idiotic for nurse educators to think of the nurse of yesteryear as an antiquated workhorse when the very basic principles of the past are still taught today with a different approach" (p.515). Kirschner (1966) worried that only baccalaureate educated nurses would qualify for American Nurses' Association membership. Several nurses supported the American Nurses' Association's position, although not unqualifiedly (Delphine, 1966; Faculty, Department of Nursing, 1966). Others worried that the step was precipitous, that practical nursing had been slighted or misunderstood, or that the terminology of the Position Paper rendered it inflammatory (Malley, 1966; Seton, 1966; Thompson, 1966). Reserving the word "professional" for baccalaureate trained nurses triggered repeated protest (Childers, 1966; Coleman, 1966; Cowan, 1966; Cregan, 1966; Ward, 1966). Early's (1966) letter to the editor epitomized the real divergence of views within nursing:

> I simply cannot understand the reasoning for the big push for baccalaureate degree education in nursing. In the degree program, some courses designated are literature, music appreciation, and logic. Please prove to me that I can give a better back rub or enema by taking courses in music appreciation or literature. (p. 738)

Argument continued. In the May 1966 issue, Garvue's letter called the Position Paper "a masterpiece," but others declared it impractical and insensitive (Brune, 1966; Roark, 1966; Taltavull, 1966; Williams, 1966). The National League for Nursing went on record at its May 1966 meeting, supporting "diploma schools of nursing until such time as the need for nurses is being met adqequately by institutions of higher learning ("NLN Diploma," 1966, p. 1236). Emotions ran high among diploma school graduates. In an opinion piece in the June 1966 issue of AJN, Hamil agreed with the Position Paper intellectually but confessed her feelings did not. For her, professional nurses followed professional ideals, not a particular brand of education. Hamil recognized the dilemma for diploma graduates now choosing to unionize who stated their own professional organization said they were not professional: They might as well see themselves as ordinary labor.

The July 1966 issue of AJN presented a brief synopsis of reponse to the Position Paper at the American Nurses' Association convention (ANA Prepares"). In the same month a report of action by the American Hospital Association (AHA) appeared; AHA supported all sound programs of nursing education and commended the American Nurses' Association for "fulfilling . . . responsibility of the nursing profession [to enunciate] the educational qualifications and competence necessary for those who practice a profession" ("Hospital Association," 1966, p. 1470). The Department of Practical Nursing disagreed with the Position Paper

which eliminated practical nurses from the types of nursing programs endorsed ("NLN Practical," 1966). Letters to the editor reiterated positions already taken. Atkinson (1967) thought adoption of the Position Paper should be very gradual. Smith (1966) worried about quality of baccalaureate programs. Sherrod (1967) thought there should be baccalaureate and practical nurse programs, not associate degree. In November, Henning (1966) praised the Position Paper and wondered how diploma graduates could feel betrayed; after all, the paper defined "the direction in which we must move to attract numbers of bright young women and men into professional nursing" (p.2406)--it did not work retrospectively to weed anyone out of nursing's ranks. Nonetheless, a resolution adopted at the 1965 National League for Nurses convention, supporting the Position Paper, almost got rescinded (Schutt, 1967).

AJN noted erosion of the American Hospital Association's support for nurses setting their own standards of professional preparation for practice (States Plan," 1967). Nonetheless, many states proceeded with plans for moving nursing education into institutions of higher education despite resistance within and outside nursing. But AJN s reportage surrounding the Position Paper shatters any illusion of nursing as a homogeneous group. Emotions flared at use of the terms "professional" and "technical;" nurses demonstrated fierce allegiance to all the patterns of nurse education extant, often along the lines of loyalty to their alma maters. At least as reported in their professional press nurses and their elected leaders in the American Nurses' Association were at odds with others. Letters to the editor dubbed the plan impractical, divisive, precipitous, inflammatory. Despite being the result of voted opinions by nurses in the American Nurses' Association, the Position Paper surfaced heated disagreement among nurses about appropriate nursing education and how it should be effected.

By contrast, JAMA made no specific mention of the American Nurses' Association Position Paper. Pieces on nursing education included the Committee on Nursing of the American Medical Association's support for all types of nursing education and National League of Nurses' accreditation of nursing schools, and for collaborative relationships between nurses and physicians ("Committee on Nursing: AMA," 1966). Others wanted the social sciences included in nursing curricula (MacGregor, 1966) or refresher courses to attract retired nurses back into practice ("The Nursing Shortage," 1967). Editorially, JAMA raised the following question:

> The nursing shortage somehow relates to the relative merits of training and education. Should the nurse first be college educated, and then trained? Or should she be hospital trained, with less education, and that not applicable as college credit? ("The Nursing Shortage," 1967, p. 790)

Apparently, the American Nurses' Association's position on this question did not suffice as an answer to medicine.

Hospital administration paid ample attention to the American Nurses' Association Position Paper in The Modern Hospital. The first piece on the topic, entitled "ANA Takes Play Away from NLN--Says All Nursing Personnel Should be Trained Outside Hospitals" (1966), pitted the two national organiations against each others as spokespersons for nursing. Opposition to changing a diploma program into an associate degree program appeared on the

same page. At a special meeting to consider the Position Paper, the American Hospital Association discussed federal intervention in nursing education. They worried that given Medicare and the documented nurse shortage, unless the private sector solved the manpower shortage, government would. They asserted that the manpower need "is not answered by the Position Paper of the ANA" ("AHA Committee," 1966, p.41).

Hale (1966), Administrative Vice-President and Director of the Albany, New York Medical Center Hospital, agreed that the American Nurses' Association Position Paper aggravated the nurse shortage. He dubbed nursing's attempt to move education into institutions of higher education "campus fever" spawned by nurse educators' false belief that "nursing is not being given due recognition as a profession" (Hale, 1966, p. 87). Hale (1966) prescribed the following steps to combat the Position Paper:

1. Urge hospital schools not to give up their schools of nursing but to continue them and even enlarge them, or start new ones . . .

2. Urge the National League for Nursing to relax its policy of weaning the student nuse away from the bedside.

3. Urge hospitals with schools of nursing to stop seeking accreditation from the NLN, if it continues its present policies.

4. Urge the American Hospital Association to establish an accreditation program for hospital schools of nursing . . .

5. Urge state boards of nursing to require one year's internship before licensing graduates of two-year associate degree programs and four-year baccalaureate programs . . .

6. Urge hospitals to continue with their full three-year programs and to resist pressures to shorten the course by reducing the hours spent at the bedside.

7. Try to influence the NLN . . . to concentrate more on the service ideal of nursing rather than emphasizing so strongly the career elements.

8. Influence state boards of nurse examiners to set realistic cutoff figures for passing the nation-wide licensing examination . . .

9. Support . . . legislation to provide financial aid directly to hospital schools of nursing.

10. Urge that federal and state funds for scholarships and construction be made avilable to all hospital schools of nursing . . .

11. Urge that appointment and advancement in the armed forces and the Veteran's Administration be made on the basis of merit (not educational credential).

12. Urge colleges and universities with nursing schools to give more realistic credits to qualified diploma school graduates. (pp. 87-89, 162)

In short, do everything possible to subvert the American Nurses' Association's Position Paper. The national organizations for practical nurses agreed ("ANA Position," 1966).

Not everyone agreed with Hale's opinion. Davis (1966), an alumna of a hospital school, dubbed hospital schools inadequate. Brock (1966) asked if Hale wanted lower standards of care, and how it was that the American Hospital Association and American Medical Association thought they should dictate nursing education's path. McHugh (1966) derided Hale's stance as laughable in view of hospital administrators' ineptitude which chronically misused nursing.

Others believed the American Hospital Association's support for diploma schools commendable and in need of strengthening (Carr, 1967; Farrell, 1967). The next month a meeting of adminstrators of hospital schools "to pressure NLN" appeared in MH's news section ("Administrators with," 1967, p. 29). Hospital administrators in Kansas made the news in June vowing a "renewed fight to gain support" for diploma schools (Diploma School Proponents," 1967, p.31). In the monthly section called "Modern Nursing Practice," Lambertsen (1967) Director of the Division of Nursing Education at Teachers College, Columbia University, wrote that "high emotion and frayed tempers becloud[ed] issues at [the] NLN covention" (p. 142). She pointed out that blaming the National League for Nurses for all the problems in nursing eduation overlooked the fact that those problems had existed for decades, and not due to the National League for Nurses. No one could argue that she was wrong on one count: People were angry.

The final piece in MH dealing with the American Nurses' Association Position Paper appeared in August, 1967. Eleven hospital administrators (all men, no nurses or physicians) spoke on the "role and future of hospital schools of nursing" (Administrators Speak," 1967, p. 95). They concluded: (a) a disastrous nurse shortage would occur if diploma schools diminished their role in nursing education, (b) all administrators needed to address the problem, (c) administrators did not oppose associate and baccalaureate programs in nursing but saw them as inadequate for needs, (d) National League for Nurses' resolution in support of the American Nurses' Association Position Paper could not be rescinded despite best efforts by diploma school forces; and (e) hospital schools should not withdraw from the National League for Nurses yet ("Administrators Speak," 1967).

Having surveyed journal coverage as proposed, what can be concluded? In terms of Freire's theory, hospital administration exhibited no scruples about being an oppressive elite: they attempted conquest of nursing education with their own ideas of what such schooling should be; they fueled already heated divisions between organizations of nurses; they manipulated diploma schools under their control; they imposed their ideas on nursing. All of the aforementioned tactics supported or enhanced hospital administration's power in the equation with nursing. Organized medicine's response to the Position Paper appears bland by comparison. It must be noted, though, that hospital administrators were often physicians.

The American Nurses" Association Position Paper lifted the lid on differences between nursing, medicine, and hospital administration. It

exposed the diversity within nursing's ranks; no one could follow response to the Position Paper and maintain that nurses spoke with one voice. Published opinion reflected factionalism in nursing, in addition to differences between nurses and hospital administrators and doctors. Summarizing response in AJN, JAMA, and MH, physicians took least reported notice of the paper and their comments usually appeared in MH, rather than JAMA. Hospital administrators gave lip service, at least, to all sorts of nursing education. They persisted in stating that diploma schools remained the backbone of nursing education and marshalled forces to ensure these schools' survival. Nowhere in their press did administrators dwell on being able to influence nursing education to a greater extent in schools under their control; the nurse shortage, the excellent quality of diploma graduates, the practicality of diploma programs served as rationale for administrators' arguments (although some name-calling occured, dubbing faculty in nursing programs pseudo educators). As noted earlier, JAMA did touch on nursing education between 1965 and 1967 but not in explicit response to the ANA Position Paper.

Nursing divided into militant groups of defenders of all existing forms of nursing education. Definition of an appropriate education for nurses supported or refuted the Position Paper's plan; these definitions commonly sounded passionate rather than analytical. Granted, a vocal minority may have generated the furor which appeared in AJN. The Position Paper did pass by ANA members' votes; it did not hatch out in the rarified atmosphere of an elite hideout of nurse leaders. Published comment on the Position Paper, though, could lead the reader to the understandable conclusion that many nurses felt betrayed or railroaded or threatened. There is certainly no mistaking disparate opinion among nurses on what nursing education should entail.

Looking at response from Freire's vantage, hospital administrators fit the oppressive elite label with no further explanation. Medicine appeared more temperate than hospital administration although, again, medicine's voice frequently spoke via hospital administration. It is the nurse leaders who formulated the Position Paper that remain in a debatable category. It is hard to argue that elected leaders in the major American nursing organization (ANA) constitute an oppressive elite. What appears more likely is that these leaders were perceived as an elite which imposed the Position Paper on nursing. Reportage demonstrates strongly divergent opinions in nursing, not grassroots unity simply formalized by the ANA. Nursing appeared to polarize into an elite of educators and professional activists supporting the American Nurses' Association Position Paper versus rank-and-file nurses unwilling to accept that position. Nurses were not a homogeneous group philosophically; many grabbed support wherever they found it to try to win superiority for their pattern of nursing education. Whether hospital administration and medicine exploited this division, or simply accepted it, it certainly aided their power as the power equation surrounding the ANA Position Paper fell into groups advocating specific patterns of nursing education. These groups were mixed, particularly those in favor of diploma and practical nurse education; nurses who championed these approaches joined with anyone else who wanted to keep them going. In fact, coalitions of nurses and hospital administrators opposed the Position Paper's stance on nursing education.

While suppositions about potential balance of power and dominance in the health-illness industry are just that -- suppositions -- the fact remains that medicine and hospital administration continue to be more powerful than nursing in the American healthcare system. That was the case at the time of the Position Paper, as well as before, and subsequent to it. Response to the ANA

Position Paper affected dominance in the health illness industry in reflecting wide disparity of opinion within nursing regarding appropriate nurse education. For anyone observing nursing it became obvious that nurses could be pitted against each other; the formal statements of their national professional organization did not bind them. Returning to Freire's theory, redressing the imbalance of power between nursing, on the one hand, and medicine and hospital administration on the other, required unity on nursing's part. As soon as nursing leaders and their constituency divided into separate strata other unified groups (for example, hospital administrators, physicians) dominated more easily.

Finally, what implications for nursing education policy develop logically from this study? Policy formulation based on findings of this survey could slide into the realm of tired admonitions not to do whatever was done when nursing tried to change, and failed. Such comments insult the capabilities of intelligent nurses. A few specific maneuvers, however, commend themselves. First, the likelihood of successfully combatting medicine and hospital administration hinges on power parity. To achieve that parity, nursing should consider either basing its power in numbers (there are many more of us than them) or in equality of credentials. If nursing chooses the former, infighting must remain in the family and a unified front be presented to others. Otherwise, we are hopelessly manipulable and effectively lamed in any confrontation; we have superior numbers only if we remain one group. Along those lines, major positions on nursing education court failure unless the National League for Nursing (NLN) is enlisted as an ally in their presentation. NLN assesses and accredits nursing education; it includes non-nurse members who can speak to their constituencies for nursing. Reaching agreement with NLN might be tedious; nonetheless, if overlooked, the League offers a logical starting point for dissenters to use in launching opposition. If nursing chooses the latter option (equality of credentials) we need a credential base comparable with medicine and hospital administration's. That tactic eliminates piecemeal and patchwork ladder approaches, precludes calling associate degree education professional, and eradicates diploma programs.

Second, I make a strong suggestion for educational policy in nursing: Teach students our history. Ignorance sets us up for repeating our mistakes; it wastes our potential.

Finally, nursing needs allies to expand its power base. We do not have the strength to control our own destiny without alliances. The idea that hospital administration and medicine are our allies because we all serve patients appears at best romantic and archaic. Physicians have supported nursing when such support did not compromise their power as leaders of the patient-care team or make it harder to get nursing care for their patients. Hospital adminstrators run hospitals as businesses. Nurses constitute a huge portion of the personnel budget and a potential source of labor unrest. We have never been allies. In strategizing for change, then, nursing should consider a policy for couching its attempts for alliances in terms of profit for potential allies; appeals to altruism may work with our fellow nurses--they have not worked with hospital administrators and physicians. The time may come when nursing can afford to ignore other professions and groups in effecting change in its educational system. Until then, a policy of enlisting allies by demonstrating potential profit for them in any nursing education makes sense. Freire's set of antidotes for oppression summarizes a policy for e effective nursing strategy: cooperate, unite, organize.

REFERENCES

Administrators speak out on the role and future of hospital schools of nursing. Modern Hospital, 1967, 109(8), 96, 103-105.

Administrators with diploma schools to hold New York City meeting to pressure NLN. Modern Hospital, 1967, 108(4), 8, 10.

AHA committee studying ANA position on nurse education. Modern Hospital, 1966, 106(2), 41.

Alkon, N. Letter. American Journal of Nursing, 1966, 66(3), 515.

American Nurses' Association's first position on education for nursing. American Journal of Nursing, 1965, 65(12), 106-111.

ANA position paper on nurse education draws fire of two national LPN groups. Modern Hospital, 1966, 106(3), 124.

ANA prepares for its future. American Journal of Nursing, 1966, 66(7), 1549-1551.

ANA takes play away from NLN--says all nursing personnel should be trained outside hospitals. Modern Hospital, 1966, 106(1), 32.

Ashley, J. Hospitals, paternalism, and the role of the nurse. New York: Teachers College Press, 1976.

Atkinson, E. L. ANA position debated. American Journal of Nursing, 1967, 66(7), 1515.

Bowles, S. Unequal education and the reproduction of the social division of labor. In M. Carney (ed.), Schooling in a corporate society: The political economy of education in America and the alternatives before us. New York: David McKay Co., 1972.

Brock, M. A. Does Dr. Hale want lower standards? Reader opinion. Modern Hospital, 1966, 106(5), 6.

Brune, M. ANA position debated. American Journal of Nursing, 1966, 66(5), 995-996.

Carr, B. F. The AHA and nursing. Reader opinion. Modern Hospital, 1966, 106(1), 32.

Childers, J. W. Positioned on education. American Journal of Nursing, 1966, 66(4), 734.

Cohen, D. K., and Lazerson, M. Education and the corporate order. Socialist Revolution, 1972, 2(2), 47-72.

Coleman, J. M. Positioned on education. American Journal of Nursing, 1966, 66(4), 740.

Committee on Nursing: AMA Convention. Journal of American Medical Association, October, 1966, pp. 405-406.

Cowan, R. Positioned on education. American Journal of Nursing, 1966, 66(4), 740.

Cregan, C. F. Positioned on education. American Journal of Nursing, 1966, 66(4), 736.

Davis, G. C. Nurse says hospital schools are inadequate. Modern Hospital, 1966, 106(4), 6, 10.

Delphine, S. Letter. American Journal of Nursing, 1966, 66(3), 516.

Diploma school proponents vow renewed fight to gain support. Modern Hospital 1967, 108(6), 31.

Dolan, J. Nursing in society: A historical perspective. Philadelphia, PA: W. B. Saunders, 1973.

Early, P. Positioned on education. American Journal of Nursing, 1966, 66(4), 740.

Ehrenreich, B., & English, D. Witches, midwives and nurses: A history of women healers. Old Westbury, NY: The Feminist Press, 1973.

Eisenstein, Z. R. (ED.) Capitalist patriarchy and the case for socialist feminism. New York: Monthly Review Press, 1979.

Faculty, Department of Nursing. Letter. American Journal of Nursing, 1966, 66(3), 516.

Farrell, J. F. Impressions of diploma schools meeting. Reader opinion. Modern Hospital, 1967, 108(3), 29.

Freire, P. Pedagogy of the oppressed. New York: Herder & Herder, 1972.

Garvue, M. ANA position debated. American Journal of Nursing, 1966, 66(5), 995.

Griffin, G. J., & Griffin, J. K. History and trends of professional nursing (7th ed.). St. Louis: C. V. Mosby, 1973.

Hale, T. Campus fever compounds nursing crisis. Modern Hospital, 1966, 106(2), 87-89, 162.

Hamil, E. M. What good is reason when dreams are shattered? American Journal of Nursing, 1966, 66(6), 1344.

Henning, M. J. In comparison. American Journal of Nursing, 1966, 66(11), 2404, 2406.

Hospital association answers ANA position paper. American Journal of Nursing, 1966, 66(7), 1470.

Howick, W. H. Philosophies of education (2nd ed.). Danville, IL: The Interstate Printers and Publishers, Inc., 1980.

Kalisch, P. A. & Kalisch, B. J. The advance of American nursing. Boston: Little, Brown, 1978.

Kirschner, B. J. Letter. American Journal of Nursing, 1966, 66(3), 516.

Lambertsen, E. C. High emotion and frayed tempers becloud issues at NLN Convention. Modern Hospital, 1967, 108(6), 142.

MacGregor, F. C. Nursing in transition: Challenge for the future. Journal of American Medical Association, December 1966, pp. 1196-1197.

Malley, M. D. Letter. American Journal of Nursing, 1966, 66(3), 516.

McHugh, A. Progress keynote. Modern Hospital, 1966, 106(5), 8.

NLN diploma group questions ANA position on education. American Journal of Nursing, 1966, 66(7), 1236, 1240.

NLN practical nursing group protests ANA statement. American Journal of Nursing, 1966, 66(7), 1470, 1472.

The nursing shortage. Editorial. Journal of the American Medical Association. May, 1967, p. 790.

Roark, M. ANA position debated. American Journal of Nursing, 1966, 66(5), 995

Schutt, B. G. More than an academic question. American Journal of Nursing, 1967, 67(5), 31.

Seton, S. A. Letter. American Journal of Nursing, 1966, 66(3), 517.

Sherrod, E. ANA position debated. American Journal of Nursing, 1967, 66(7), 1515, 1517.

Smith, A. W. ANA position debated. American Journal of Nursing, 1967, 66(7), 1515.

States plan for transition in nursing education. American Journal of Nursing, 1967, 67(6), 1215-1216.

Taltavull, A. C. Position on position. American Journal of Nursing, 1966, 66(6), 995.

Thompson, A. B. Letter. American Journal of Nursing, 1966, 66(3), 516.

Ward, M. Positioned on education. American Journal of Nursing, 1966, 66(4), 734,736.

Williams, A. M. Position on position. American Journal of Nursing, 1966, 66(6), 1277.